Student Evaluation of Child Development Center Instructor Los Angeles Community College District

| College | | | 9 | Instructor | Term / Year | | | |
|---------|--------------------------------------------------------------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------|--|--|--|
| 0 | City | 0 | Southwest | | | | | |
| 0 | East | 0 | Trade Tech | | | | | |
| 0 | Harbor | 0 | Valley | | | | | |
| 0 | Mission | 0 | West | | | | | |
| 0 | Pierce | | | | | | | |
| | | | | | | | | |
| INS | INSTRUCTIONS • Students will complete survey in the Child Development Center Office | | | | | | | |
| | | | • A student from the class is to pass out and collect each survey. | | | | | |
| | | | Once the surveys are completed, they are to be sealed, signed across the seal, and returned to the department of the instructor being surveyed by the student. | | | | | |
| | | | | nts should mark out only one answer per question by complete out the appropriate circle. | | | | |
| | | | | mpletely any answer change n comments. | es and stray marks; the other side is | | | |

| Part A – Overall Rating of Child Development Center Instructor | Excellent | Good | Fair | Poor | Very Poor |
|-------------------------------------------------------------------|-----------|------|------|------|-----------|
| How would you rate the instructor's overall teaching ability? | 0 | 0 | 0 | 0 | 0 |

| Part | B- General Questions | Strongly Agree | Agree | Disagree | Strongly Disagree | Do not know / N/A |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|----------|-------------------|-------------------|
| 1. | The instructor clearly defined the Child Development Center lab classroom expectations. | 0 | 0 | 0 | 0 | 0 |
| 2. | The instructor provides and implements developmentally appropriate weekly lesson plans that include the physical, emotional, social and cognitive needs of the children. | 0 | 0 | 0 | 0 | 0 |
| 3. | The instructor was prepared and organized. | 0 | 0 | 0 | 0 | 0 |
| 4. | The instructor interacts with children during indoor and outdoor activities. | 0 | 0 | 0 | 0 | 0 |
| 5. | The Instructor communicates with staff, students and families in a positive, compassionate and professional manner. | 0 | 0 | 0 | 0 | 0 |

| 6. | The instructor regularly evaluates or provides feedback on my performance. | 0 | 0 | 0 | 0 | 0 |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|----------|-------------------|-------------------|
| 7. | The instructor is available to meet during work hours. | 0 | 0 | 0 | 0 | 0 |
| 8. | The instructor interacts with staff, students and families in ways that are free of discrimination. | 0 | 0 | 0 | 0 | 0 |
| 9. | I would recommend this instructor to others. | 0 | 0 | 0 | 0 | 0 |
| 10. | The instructor motivates me and encourages my interest in Child Development. | 0 | 0 | 0 | 0 | 0 |
| 11. | The instructor creates an environment in which it is safe to seek help, ask questions, or express opinions, which differ from those of the faculty member. | 0 | 0 | 0 | 0 | 0 |
| 12. | The instructor is knowledgeable in the subject area. | 0 | 0 | 0 | 0 | 0 |
| 13. | The instructor points out where the course material is relevant to daily life. | 0 | 0 | 0 | 0 | 0 |
| 14. | The instructor treats staff, students and families with respect. | 0 | 0 | 0 | 0 | 0 |
| 15. | The instructor maintains good class control. | 0 | 0 | 0 | 0 | 0 |
| 16. | The instructor is supportive in my growth and development in Child Development. | 0 | 0 | 0 | 0 | 0 |
| | | | | | | |
| | t C – Additional Questions | Strongly Agree | Agree | Disagree | Strongly Disagree | Do not know / N/A |
| | ded by the department for all departmental evaluations) | 0 | 0 | 0 | 0 | 0 |
| 17. | | | - | | | |
| 18. | | 0 | 0 | 0 | 0 | 0 |
| 19. | | 0 | 0 | 0 | 0 | 0 |
| 20. | | 0 | 0 | 0 | 0 | 0 |

Part D – Communication to the Instructor

| Use the space below for written comments: | | | | | | |
|-------------------------------------------|--|--|--|--|--|--|
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